

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 12 | 2/15 |
| FORMALITY REVIEW | LOR | 1034 | 5/28/10 |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | ✓ |
| 16 | 0 |
| 17 | ✓ |
| 18 | ✓ |
| 19 | 0 |
| 20 | ✓ |
| 21 | ✓ |
| 22 | ✓ |
| 23 | ✓ |
| 24 | ✓ |
| 25 | ✓ |
| 26 | ✓ |
| 27 | ✓ |
| 28 | 0 |
| 29 | ✓ |
| 30 | ✓ |
| 31 | ✓ |
| 32 | ✓ |
| 33 | ✓ |
| 34 | ✓ |
| 35 | ✓ |
| 36 | ✓ |
| 37 | ✓ |
| 38 | ✓ |
| 39 | ✓ |
| 40 | ✓ |
| 41 | ✓ |
| 42 | ✓ |
| 43 | ✓ |
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| 45 | ✓ |
| 46 | ✓ |
| 47 | ✓ |
| 48 | ✓ |
| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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| 150 | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

3/10 2/10